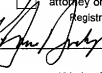


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|   |                                  |   |                                      |
|---|----------------------------------|---|--------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                                  | Docket Number (Optional)<br>50721-006002  |                                      |
| Application Number                      10/594,192  |                                  | Filed                      September 25, 2006                                     |                                      |
| For    THERAPEUTIC USE OF A GROWTH FACTOR, NSG33  |                                  |   |                                      |
| Art Unit            1649  |                                  | Examiner                      R. C. Hayes   |                                      |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                                      |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                                      |
|   |                                  | <u>Fee</u>  | <u>Small Entity Fee</u>              |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$150   | \$75                      \$ 75.00   |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$560   | \$280                      \$ _____  |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1270  | \$635                      \$ _____  |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1980  | \$990                      \$ _____  |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2690  | \$1345                      \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |   |                                      |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                                      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                                      |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                                      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2095</u> .   |                                  |   |                                      |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |                                  |   |                                      |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                                      |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |                                  |   |                                      |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                                      |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,109</u>  |                                  |   |                                      |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |   |                                      |
| Registration number if acting under 37 CFR 1.34                      _____  |                                  |   |                                      |
| <br>_____<br>Kristina Bleker-Brady, Ph.D.<br>Typed or printed name                                     |                                  | _____<br>December 15, 2011<br>Date<br>_____<br>(617) 428-0200<br>Telephone Number |                                      |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.